



**Delaware Health Care Commission
Strategic Retreat
Friday, November 20, 2020 1:00 p.m. – 4:00 p.m.
Virtual – WebEx Meeting**

Meeting Summary

Introduction

The meeting was convened virtually at 1:05 p.m. by Dr. Nancy Fan, Chair, who welcomed everyone and introduced the meeting facilitator, Dr. Devona Williams (Goeins-Williams Associates, Inc.) who reviewed the purpose, objectives and expected products of the meeting, agenda and ground rules. Briefly the purpose of the strategic retreat meeting was: To reach agreement on future focus and priorities of the DHCC for the next year and create an action plan and achieve the following objectives:

1. Discuss critical issues and reach agreement on DHCC role and action plan.
2. Discuss and reach agreement on ways to advance DIDER and DIMER boards and improve accountability.
3. Discuss and reach agreement on strategic direction and focus for the coming year.

This summary is the compiled notes from discussion highlights and agreed upon action items charted by the facilitator. The action items listed after each discussion topic were next steps agreed to by commissioners.

The facilitator led the Commissioners in an icebreaker to introduce themselves. The following were in attendance:

Commissioners

The Honorable Theodore (Ted) Becker
Dr. Richard Margolis, Department of Services for Children, Youth and Their Families
Dr. Nancy Fan, Chair
Secretary Rick Geisenberger, Department of Finance
Richard (Rich) Heffron
Melissa Jones
Dr. Janice (Jan) Lee, Delaware Health Information Network
Nick Moriello, Highmark
The Honorable Trinidad Navarro, Department of Insurance
Secretary Molly Magarik, Department of Health and Social Services

Attendees

Steven Costantino, Department of Health and Social Services
Leslie Ledogar, Department of Insurance
Cheryl Heiks, Delaware Health Care Facilities Association
Pamela Gardner, Delaware Health Sciences Alliance
Dr. Omar Khan, Delaware Health Sciences Alliance
Dr. Louis Raffetto, Chair, DIDER
Nina Figueroa, Statewide Benefits Office
Sherman Townsend, Chair, DIMER

DHCC Staff

Ayanna Harrison
Eschalla Clarke
Latoya Wright

Facilitator

Dr. Devona E. Williams, Goeins Williams Associates, Inc.

DHCC Review and Refresh

The facilitator reviewed the priorities and focus from 2019 Strategic Retreat: Workforce Development and Sustainable Data Collection and Analysis. The Commission established operating principles:

- Affordable care overall
- Patient centered
- Services integration with emphasis on mental health, continuum of care
- Social determinants of health

The facilitator reviewed the statutory duties and authorities of the Commission and the Mission Statement which was developed and agreed to by the Commission at the 2019 Strategic Retreat. A few commissioners commented that the mission statement captures the work of the Commission. Dr. Fan asked Commissioners how they feel about the statutory role of initiating pilots. Those who responded said that they can envision pilots and the role for the Commission is to seek partnerships to get them going.

Critical Issues, DHCC Role and Actions**Issue 1: Workforce**

What are the major issues relative to health care workforce?

- Workforce Subcommittee has been established to examine the issues
- Where do we see population growth; where will there be strains and shortages?
- Full scope and need of health care workers and full range of credentialing
- Policy recommendations
- Do we have the workforce; do we have enough people to be competitive?
- Difficult to get to quality benchmarks
- What is the data that can help prioritize workforce issues? Lead time for some positions may take 20 years to develop

- Demographics of the population, where will the needs be in the future? Identifying gaps
- Identify where we do not have a solution
- Must be data driven
- Short term - looking at programs
- Identify what can be done, what is doable, realistic, and pragmatic
- Understand we have limited resources
- Long-term care, for example – do we focus on workforce needs that address growing population over 65 years of age?
- Opportunities to develop partnerships and programs with universities, administrators, investors, entrepreneurs
- Think about different data sets
- Must be more aggressive; there are already shortages
- Lower range issues or disincentives for health care worker like the lack of childcare support
- What policies are confounding or contributing in a positive way?
- A better holistic view of where the investment should be
- What are the drivers?
- Meeting patients' access needs
- Workforce Subcommittee must be proactive and determine where investment should be in a long-term and short-term, Address immediate needs
- Foster interest and provide opportunities
- Identify needs then prioritize and find partnerships
- What role does technology play?
- Death of primary care physicians who are leaving for concierge practices; reimbursements have stayed flat
- Do a better job with Value Based Care
- Lack of competition for healthcare and hospitals
- Different systems are needed for different programs
- How do we sustain who we have now in the workforce? How do we improve opportunities and resources?
- COVID impacted dental workforce and healthcare
- All industry fields are going through these workforce issues; Immigration used to be a solution but is no longer

What is the role of the DHCC?

- Identify policy, data sets
- Identify pilot initiatives to direct investments
- Subcommittee provides input on direction
- Provide infrastructure pulling in other parts of the government
- Like the Public Private Partnership, make decisions about what we are not

going to do

- Figure what we can do with focused attention
- The Workforce plan should not be beyond 3-5 years, although certain health professions are beyond 5 years

What actions should we take? Who will take the lead (lead and co-lead)?

1. Make changes in telehealth and telemedicine permanent (current legislation sunsets in June)
2. Look at time horizons, short term, and long term
3. Grow your own strategy is long term (i.e., Pathways), workforce pipeline. Near term plans needed
4. The Commission can be a resource for coordination. Deliberate conversations for how to coordinate and reduce redundancy
5. Subcommittee can tap into new partnerships that it does not have and develop new relationships (Use DIMER as a model)
6. Reconnect with other agencies
7. Subcommittee will establish the cadence for a timetable

Who will take the lead (lead and co-lead)?

- Co-chairs Nick Moriello and Secretary Rick Geisenberger

Issue: 2: COVID

What are lessons learned from COVID and the Pandemic Research Advisory Committee?

- Multi-sector, multi-pronged approach
- Are there policies we should push forward?

What is the role of the DHCC?

- It is hard for the Commission to play a role during the pandemic.
- We must address social determinants of health (SDOH)
- The public must have full access to broadband
- Working partnership on long-term goals
- Should be involved in telehealth
- Advocate or partner with other groups on issues that limit access
- Value Based Care
- Health equity
- Does DHSS already have these resources, information? How can we break down silos? For SDOH, there are legal issues to integrate data
- Push for comprehensive post audit of COVID response. (Secretary Magarik indicated that this is normally done after crisis response and is expected) After action report from DEMA and DHSS – what did we learn? How effective were public private partnerships?

What actions should we take?

1. Take a more deliberate look at SDOH impact from COVID
2. Look at health equity issue and connect with services, data, policies, Value Based Care, Telehealth
3. Post audit of COVID response
4. Look at how to integrate these issues into overall DHCC plan

Who will take the lead (lead and co-lead)?

- This is a DHCC overall effort

Issue 3: Health information Technology and Telehealth

What are the major issues relative to telehealth/health technology?

- The current legislation expires June 30th
- Great option, but Internet access is a major gap
- Telehealth is a barrier for some
- Remote monitoring of conditions
- How do we make it permanent and affordable?
- Issue of equity
- A large percentage of Telehealth care is delivered by local providers
- How does Telehealth impact the workforce?

What is the role of the DHCC?

- Advocate for the extension of Telehealth legislation and make it affordable
- Partner with Telehealth Coalition and make it scope-able, Partner with Nemours
- Understand what impact Telehealth has on workforce and patients and cost implications
- Look at metrics and the quality of care

What actions should we take? Who will take the lead (lead and co-lead)?

1. Determine the right amount of time to advocate for Telehealth legislative extension
2. Presentation from Telehealth Coalition showing data at December Commission meeting.
3. Review Telehealth major components of health care; consider reimbursement parity
4. The Commission will decide how to proceed with the legislative calendar starting in January

DIDER and DIMER Advancement

The board members of DIDER and DIMER were surveyed ahead of the strategic retreat in response to four questions related to: workforce, areas for improvement, improving

outcomes and accountability. Their responses are briefly summarized on slides which were reviewed.

Dr. Louis Raffetto, Chair, DIDER provided an overview of the work of DIDER and progress made over the past year and commented on the responses given to the survey by board members. He noted that the rate of acceptance by partner school, (Temple University, Kornberg School of Dentistry) from Delaware is high. Commissioners discussed several questions and responses are below:

What are the best ways to advance DIDER?

- Consider expanding downstate slots
- Include in the state loan repayment program
- Collaborate with DIMER
- One-year general practice residency

Mr. Sherman Townsend, Chair, DIMER highlighted the success of DIMER over the past year citing that this past year was the largest class ever from Delaware. The partnership with Dr. Omar Khan, and the Delaware Science Alliance has helped get the message out to college students about medical professions. A major issue from members is the need to increase loan repayments.

What are the best ways to advance DIMER?

- Increase loan repayment funding
- Let data drive the work
- Interested students to do their rotations in Delaware
- Dr. Lisa Maxwell met with students to see what could get them to come to Delaware; Increase incentives

What actions can DHCC take to advance DIDER and DIMER?

1. Dr. Rafetto will meet with DIDER Board to determine outcomes and accountability with DHCC and prioritize survey responses.
2. DIDER and DIMER should present information to the Commission on a more regular basis
3. Identify key metrics for DIDER and DIMER

Wrap Up and Future Actions

Dr. Fan stated that the Commission will need to assimilate all the information from the session and determine the focus and priorities for 2021. Dr. Williams summarized the highlights of the discussions and reviewed action steps. All action steps will be compiled and sent out as a list to commissioners to discuss at future meeting to determine timetable and responsibilities.

The Commissioners agreed that the process was helpful in gaining an understanding of their purpose, roles, and future direction. Dr. Fan thanked all commissioners for their participation.

Public Comment

Two members from the public gave comments:

- Ms. Cheryl Heiks, Delaware Health Care Facilities Association, stated that she appreciated the discussion and found it helpful.
- Dr. Omar Khan said it was a pleasure to work with Dr. Fan and the DHCC in advancing health care workforce. The work starts early on with aspirational messages to high schoolers on the pathways to medical education.

The meeting was adjourned at 4:17 pm.

**Delaware Health Care Commission
2021 Action Plan**

Focus Area	Actions	Responsibility	Timetable
Workforce	<ol style="list-style-type: none"> 1. Make changes in telehealth and telemedicine permanent (current legislation sunsets in June) 2. Look at time horizons, short term, and long term 3. Grow your own strategy is long term (i.e., Pathways), workforce pipeline. Near term plans needed 4. The Commission can be a resource for coordination. Deliberate conversations for how to coordinate and reduce redundancy 5. Subcommittee can tap into new partnerships that it does not have and develop new relationships (Use DIMER as a model) 6. Reconnect with other agencies 7. Subcommittee will establish the cadence for a timetable 	Nick Moriello and Secretary Rick Geisenberger Co-chairs, Workforce Subcommittee	
COVID	<ol style="list-style-type: none"> 1. Take a more deliberate look at SDOH impact from COVID 2. Look at health equity issue and connect with services, data, policies, Value Based Care, Telehealth 3. Post audit of COVID response 4. Look at how to integrate these issues into overall DHCC plan 	DHCC overall effort	
Health information Technology and Telehealth	<ol style="list-style-type: none"> 1. Determine the right amount of time to advocate for Telehealth legislative extension 2. Presentation from Telehealth Coalition showing data at December Commission meeting. 3. Review Telehealth major 	DHCC and Partners	

	<p>components of health care; consider reimbursement parity</p> <p>4. The Commission will decide how to proceed with the legislative calendar starting in January</p>		
DIDER and DIMER Advancement	<ol style="list-style-type: none"> 1. Dr. Raffetto will meet with DIDER Board to determine outcomes and accountability with DHCC and prioritize survey responses. 2. DIDER and DIMER should present information to the Commission on a more regular basis 3. Identify key metrics for DIDER and DIMER 	DHCC, DIDER, DIMER	